

BEST AVAILABLE COPY

Docket No. 2024730-7036512001
(03-439)

DECLARATION Utility Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **COMPLEX VASO-OCCLUSIVE COILS** the specification of which

(Check One)

is attached hereto OR
was filed on _____ as United States Application Serial No. _____ or PCT International Application No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Date of Filing	Priority Claimed Yes	No

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date

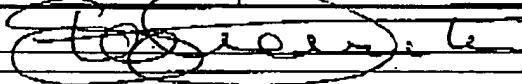
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date	Status-Patented, Pending or Abandoned

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I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

201	FULL NAME OF INVENTOR	FIRST Name Stephen	MIDDLE Initial Christopher	LAST Name Porter	
	RESIDENCE & CITIZENSHIP	City Oakland	State or Foreign Country CA	Country of Citizenship US	
	POST OFFICE ADDRESS	5240 Shafter Avenue	City Oakland	State or Country CA	Zip Code 94618
INVENTOR'S SIGNATURE				DATE	3/1/04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Stephen C. Porter

Serial No.: Not Yet Assigned

Filed: Herewith

For: COMPLEX VASO-OCCLUSIVE COILS

Group Art Unit: Not Yet Assigned

Examiner: Not Yet Assigned

**PROSECUTION BY ASSIGNEE AND POWER OF ATTORNEY
UNDER 37 C.F.R. § 3.71**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

SCIMED Life Systems, Inc., a Minnesota Corporation, the assignee of the entire right, title and interest in this patent application, under 37 C.F.R. § 3.71 hereby appoints all attorneys associated with:

Customer Number 23639

with full powers of substitution and revocation, to prosecute this application and transact all matters in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefore before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified application, said appointment to be to the exclusion of the inventors and their attorneys in accordance with the provisions of 37 C.F.R. § 3.71.

Please direct all written communications relative to this application to:

**David T. Burse
Bingham McCutchen LLP
Three Embarcadero Center, Suite 1800
San Francisco, CA 94111-4067**

Please direct all telephone communications to David T. Burse at (650) 849-4400.

I, the undersigned, declare that I have reviewed copies of the documentary evidence establishing chain of title to the patent application identified above from the inventor(s) to the assignee(s), which:

is filed for recordation herewith; or
 was recorded at Reel _____, Frame _____; or
 has been sent for recordation under separate cover, copy attached herewith.

To the best of the undersigned's knowledge and belief, title is in the assignee(s) identified above. Furthermore, the undersigned is empowered to sign this document on behalf of the assignee(s).

SCIMED Life Systems, Inc.

Dated: 3/1/04

By: 

Name: Albert K. Kau
Title: Patent Counsel
Address: One SCIMED Place,
Maple Grove, Minnesota 55311-1566